



Kentucky Reportable Disease Form
Department for Public Health
Division of Epidemiology and Health Planning
275 East Main St., Mailstop HS1E-C
Frankfort, KY 40621-0001

Disease Name _____

Mail Form to Local Health Department

DEMOGRAPHIC DATA					
Patient's Last Name	First	M.I.	Date of Birth / /	Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unk
Address			City	State	Zip
County of Residence					
Phone Number	Patient ID Number	Ethnic Origin <input type="checkbox"/> His. <input type="checkbox"/> Non-His.	Race <input type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A/PI <input type="checkbox"/> Am.Ind. <input type="checkbox"/> Other		

DISEASE INFORMATION					
Disease/Organism			Date of Onset / /	Date of Diagnosis / /	
List Symptoms/Comments				Highest Temperature	
				Days of Diarrhea	
Hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No	Admission Date / /	Discharge Date / /	Died? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Date of Death / /	
Hospital Name:			Is Patient Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, # wks _____		
School/Daycare Associated? <input type="checkbox"/> Yes <input type="checkbox"/> No			Outbreak Associated? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of School/Daycare:			Food Handler? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Person or Agency Completing form: Name: Agency:			Attending Physician: Name:		
Address:			Address:		
Phone:		Date of Report: / /	Phone:		

LABORATORY INFORMATION				
Date	Name or Type of Test	Name of Laboratory	Specimen Source	Results

ADDITIONAL INFORMATION FOR SEXUALLY TRANSMITTED DISEASES ONLY						
Method of case detection: <input type="checkbox"/> Prenatal <input type="checkbox"/> Community & Screening <input type="checkbox"/> Delivery <input type="checkbox"/> Instit. Screening <input type="checkbox"/> Reactor <input type="checkbox"/> Provider Report <input type="checkbox"/> Volunteer						
Disease: <input type="checkbox"/> Syphilis		Stage <input type="checkbox"/> Primary (lesion) <input type="checkbox"/> Secondary (symptoms) <input type="checkbox"/> Early Latent <input type="checkbox"/> Late Latent <input type="checkbox"/> Congenital <input type="checkbox"/> Other		Disease: <input type="checkbox"/> Gonorrhea <input type="checkbox"/> Chlamydia <input type="checkbox"/> Chancroid		Site: (Check all that apply) <input type="checkbox"/> Genital, uncomplicated <input type="checkbox"/> Ophthalmic <input type="checkbox"/> Pharyngeal <input type="checkbox"/> PID/Acute Salpingitis <input type="checkbox"/> Anorectal <input type="checkbox"/> Other _____
						Resistance: <input type="checkbox"/> Penicillin <input type="checkbox"/> Tetracycline <input type="checkbox"/> Other _____
Date of spec. Collection	Laboratory Name	Type of Test	Results	Treatment Date	Medication	Dose
If syphilis, was previous treatment given for this infection? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, give approximate date and place _____						

902 KAR 2:020 requires health professionals to report the following diseases to the local health departments serving the jurisdiction in which the patient resides or to the Kentucky Department for Public Health (KDPH).

(Copies of 902 KAR 2:020 available upon request)

REPORT **IMMEDIATELY** by TELEPHONE to the Local Health Department or the KY Department for Public Health:

- Unexpected pattern of cases, suspected cases or deaths which may indicate a newly recognized infectious agent
- An outbreak, epidemic, related public health hazard or act of bioterrorism, such as SMALLPOX

Kentucky Department for Public Health in Frankfort
Telephone 502-564-3418 or 1-888-9REPORT (973-7678)
FAX 502-696-3803

REPORT WITHIN 24 HOURS

- | | | |
|-------------------------------------|-------------------------------|-------------------------------------------------------------|
| Anthrax | Encephalitis, West Nile | Rabies, animal |
| Botulism | <i>Haemophilus influenzae</i> | Rabies, human |
| Brucellosis | invasive disease | Rubella |
| Campylobacteriosis | Hansen's disease | Rubella syndrome, congenital |
| Cholera | Hantavirus infection | Salmonellosis |
| Cryptosporidiosis | Hepatitis A | Shigellosis |
| Diphtheria | Listeriosis | Syphilis, primary, secondary,
early latent or congenital |
| <i>E. coli</i> O157:H7 | Measles | Tetanus |
| <i>E. coli</i> shiga toxin positive | Meningococcal infections | Tularemia |
| Encephalitis, California group | Pertussis | Typhoid Fever |
| Encephalitis, Eastern Equine | Plague | <i>Vibrio parahaemolyticus</i> |
| Encephalitis, St. Louis | Poliomyelitis | <i>Vibrio vulnificus</i> |
| Encephalitis, Venezuelan Equine | Psittacosis | Yellow Fever |
| Encephalitis, Western Equine | Q Fever | |

REPORT WITHIN ONE (1) BUSINESS DAY

- | | | |
|--------------------------------------------------------------------------------|--------------------------------------------|----------------------|
| Foodborne outbreak | Hepatitis B, acute | Toxic Shock Syndrome |
| Hepatitis B infection in a
pregnant woman or child
born in or after 1992 | Mumps | Tuberculosis |
| | Streptococcal disease
invasive, Group A | Waterborne outbreak |

REPORT WITHIN FIVE (5) BUSINESS DAYS

- | | | |
|-------------------------------------------|--------------------------------------|---------------------------------------------------------------------------|
| Ⓐ AIDS | Ⓐ HIV infection | Rocky Mountain
spotted fever |
| Chancroid | Lead poisoning | <i>Streptococcus pneumoniae</i> ,
drug-resistant invasive
disease |
| <i>Chlamydia trachomatis</i>
infection | Legionellosis | Syphilis, other than primary,
secondary, early latent or
congenital |
| Ehrlichiosis | Lyme disease | Toxoplasmosis |
| Gonorrhea | Lymphogranuloma venereum | |
| Granuloma inguinale | Malaria | |
| Hepatitis C, acute | Rabies, post exposure
prophylaxis | |
| Histoplasmosis | | |

Influenza virus isolates are to be reported weekly by laboratories.

902 KAR 02:065 requires long term care facilities to report an outbreak (2 or more cases) of influenza-like illnesses (ILI) within 24 hours to the local health department or the KDPH.

Ⓐ All cases of HIV infections/AIDS are reportable to a separate surveillance system in accordance with KRS 211.180(1)b. To obtain report forms contact the HIV/AIDS Branch at (502)-564-6539.
DO NOT REPORT ON THIS FORM.

Note: Animal bites shall be reported to local health departments within twelve (12) hours in accordance with KRS 258:065.

